

**VIRGINIA MEDICAID
REIMBURSEMENT
REQUEST FOR DUAL ELIGIBLES**



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

REQUESTS FOR PRIOR AUTHORIZATION (PA) MUST INCLUDE PATIENT NAME, MEDICAID ID#, AND DRUG NAME. SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS. PRIOR AUTHORIZATION WILL BE GRANTED FOR DRUG QUANTITIES OF NO GREATER THAN A TWO-WEEK SUPPLY.

THIS FORM SHOULD NOT BE USED FOR WEIGHT LOSS DRUGS OR THE PREFERRED DRUG LIST PROGRAM.

The completed form may be **FAXED TO 800-932-6651**.

Requests may also be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Medicaid ID#: (12 digits)

Patient's Date of Birth:

DRUG INFORMATION

Drug Name, Dosage Form & Strength:

Day Supply: (up to 14 days only)

Date of Dispensing:

PRIOR AUTHORIZATION REQUIREMENTS

- Medicare and Medicaid eligibility verified
- E1 Eligibility query to NDCHealth completed to determine Part D plan enrollment. If plan is located, claim submission to designated plan is attempted and denied based on eligibility.
- If beneficiary is present, call to 800-MEDICARE completed to assist in determining plan assignment
- Claim submission to national POS Contractor, Wellpoint, attempted and denied.
- **If available, documentation of claim denial by national POS Contractor, Wellpoint, or other plan designated for the beneficiary should be attached to prior authorization request. System screen prints are acceptable documentation.**

PHARMACY PROVIDER INFORMATION

Pharmacist's Name (print):

Today's Date:

Pharmacist's Signature:

Pharmacy Phone #: ()

Name of Pharmacy:

Pharmacy Fax #: ()

Pharmacy Provider's Medicaid ID#:

PLEASE INCLUDE ALL REQUESTED INFORMATION; INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS

SIGNATURE ON THIS FORM CERTIFIES THAT ALL INFORMATION IS CORRECT AND REQUIRED PROCESSES HAVE BEEN ATTEMPTED AND FAILED. PHARMACY CLAIMS AUTHORIZED FOR MEDICAID COVERAGE ARE SUBJECT TO AUDIT. PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE.

APPROVED

DENIED

FOR DMAS USE

COMMENTS:

SIGNATURE:

Prior Authorization Criteria For Dual Eligible Recipients

The following steps must be taken by the pharmacy provider before requesting prior authorization for payment of a pharmacy claim by Virginia Medicaid for a dual eligible beneficiary:

1. The pharmacy provider requests the beneficiary's Medicare and Medicaid enrollment cards;
2. If enrollment cards are unavailable, the pharmacy provider requests photo identification and checks for enrollment in a Medicare Part D Prescription Drug Plan (PDP) by submitting an E1 Eligibility query to the True Out-of-Pocket (TrOOP facilitator), **NDCHealth**. If the E1 Eligibility query returns Part D plan enrollment information, the pharmacist bills the appropriate plan.

The pharmacy provider may contact their software vendor or systems' help line for instructions for submitting an E1 Eligibility transaction. The NDCHealth web site, http://medifacd.ndchealth.com/home/MediFacd_home.htm provides more information on the TrOOP facilitation process.

3. If the PDP assignment cannot be determined through an E1 Eligibility query and the beneficiary is present, the pharmacy provider should call 800-MEDICARE to assist the beneficiary in identifying the appropriate PDP for reimbursement.
4. According to the Centers for Medicare and Medicaid Services (CMS) facilitated enrollment process, the pharmacy provider should submit the claim to the national POS Contractor, **Wellpoint**, for payment if the recipient has not yet been enrolled in a plan.

*Details of the CMS facilitated enrollment process may be found at the following link:
http://www.dmas.virginia.gov/downloads/Part_D/Part_D_Facilitated_Enrollment_Process.pdf*

If all of these attempts prove unsuccessful and Wellpoint denies payment, the pharmacy provider may fax a request for prior authorization to DMAS via First Health Services' Clinical Call Center at 800-932-6651 using the following process:

1. The pharmacy provider completes and signs the prior authorization form for dual eligible recipients which certifies all of the steps above have been attempted; and
2. If available, the pharmacy provider submits documentation (screen prints acceptable) of the claim denial by the national POS Contractor, Wellpoint.; and
3. The First Health Services' representative utilizes VaMMIS to verify Medicaid and Medicare eligibility; and
4. First Health Services' submits the prior authorization form to DMAS for approval; and
5. If approved by DMAS, First Health notifies the pharmacy provider of the decision. The pharmacy provider processes the claim if approved, or notifies the recipient/ medical provider of denial of coverage.

**Prior authorization will be granted for drug quantities of no greater than a two-week supply.
PA requests are based on date of service.**